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SERIAL NUMBER 10/724,804	FILING OR 371(c) DATE 12/01/2003 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. P-5890
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 10/370,924 02/20/2003
 which is a CIP of 09/521,078 03/07/2000 PAT 6,537,259

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 03/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 19	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS

26253

TITLE

PASSIVE SAFETY DEVICE FOR NEEDLE OF BLOOD COLLECTION SET

FILING FEE RECEIVED 1328	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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